PERSUASION

published by
PERSUASION, INC.
260 west 86 street, n.y.c.

35¢

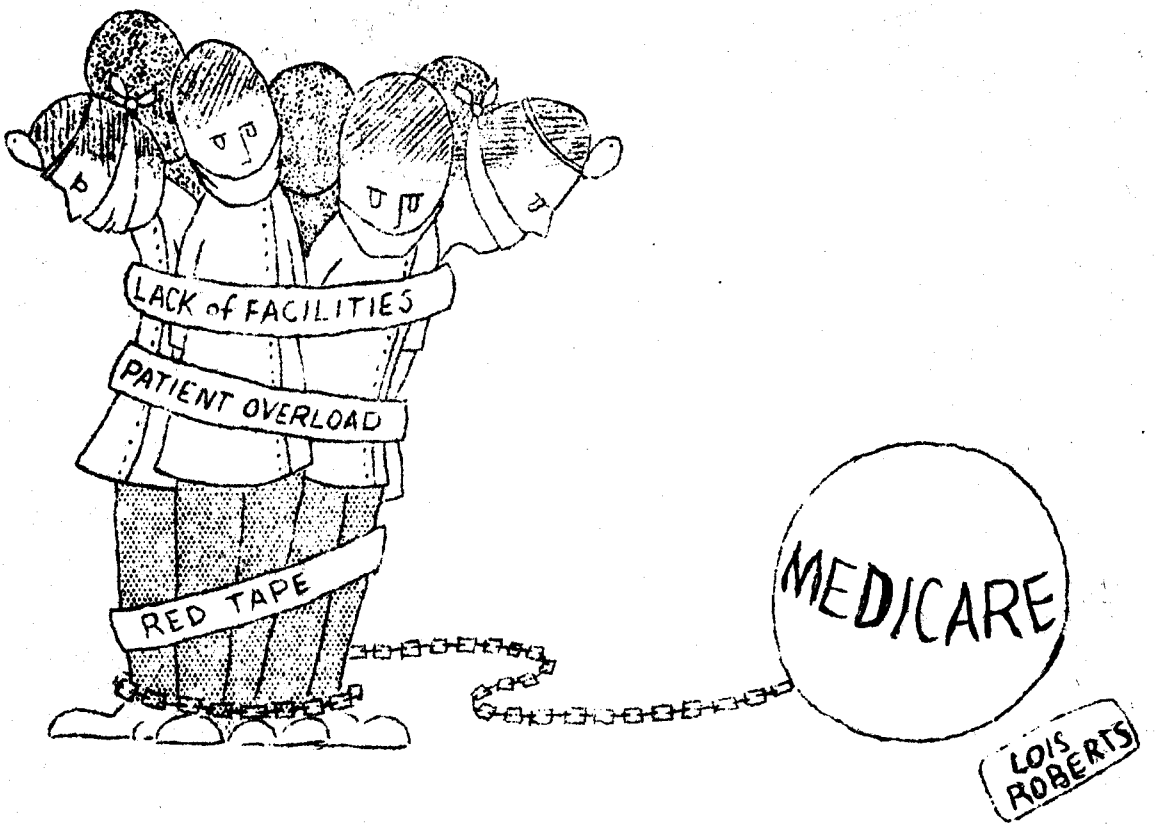
JOAN KENNEDY TAYLOR, EDITOR

distributed by the
Metropolitan Young Republican Club

LICENSED TO UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

Volume II, No. 4 April, 1965

V I E W S



AN INTERVIEW WITH DR. J. BRUCE HENRIKSEN

During the spring and summer of 1962, both Congress and the country at large were engaged in a heated debate over the proposed King-Anderson Bill (a bill designed to help pay for hospital and nursing home care through Social Security for those over 65).

On May 5th of that year the New York Times reported that 200 New Jersey doctors had signed a resolution stating that they would "refuse to participate in the care of patients under the provision of the King-Anderson Bill or similar legislation," but that they would "continue to care for the medically indigent, young and old, as we have in the past." Subsequently, similar resolutions were signed by small groups of doctors in several sections of the country. In July, the King-Anderson Bill was defeated in the Senate.

© Metropolitan Young Republican Club 1965

LICENSED TO UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

The author of the original resolution is Dr. J. Bruce Henriksen, a surgeon who has been practicing for more than thirty years in Pt. Pleasant, New Jersey. Now, three years later, on the eve of a congressional vote on a similar medicare measure, I with the assistance of Dr. Kendall Kane interviewed Dr. Henriksen in his New Jersey office.

PERSUASION: Dr. Henriksen, you have become known nation-wide as the doctor who led the New Jersey "doctors strike." Will you tell us how this strike came about?

DR. HENRIKSEN: One day here in the office, Dr. Siebert [Dr. Henriksen's junior partner] and I were talking and I said, "I wonder what would happen if doctors were given an opportunity to say that they would refuse to participate in a King-Anderson type of legislation." So I dictated this little resolution and took it down to the hospital. Without any coercion on my part, when I'd see the men in the hall or in the dressing room, I would say: "Read this. If you agree with it, sign it. If you don't agree with it, don't sign it." All of the active members of our staff signed it. After it was signed, the resolution lay in my locker for some time and the question was what to do with it . . . whether to send it to medical societies or the American Medical Association or the American College of Physicians and Surgeons or others. Then one day in the office, a call came in from Jerry Bishop, one of the writers for the Wall Street Journal. He said that he'd heard that we had a resolution. Well, considerable time passed. I told him I didn't know what we were going to do with it, that I didn't know whether we wanted it publicized or not. But finally Jerry Bishop came down and we spent several hours together. As a result of that, we had a front-page piece in the Wall Street Journal. So that's how it came about. Of course, as soon as the Wall Street Journal published it, it came through CBS and NBC and the other newspapers.

PERS: Will you explain why you were opposed to the King-Anderson type of legislation?

DR. H: I think basically because we felt that it was the beginning of socialized medicine. It is a compulsory tax, hooked to Social Security. There is no alternative to it. Even as with Social Security, Uncle Sam assumes that the people in this country don't have the brains or the intelligence or the ambition to plan for their old age. (As you can see, I'm not even in favor of Social Security.) And I don't think it's the government's function to say to its citizens: "You are incapable of providing for your own old age." Of course, as these taxes go up and up and up (with Social Security, Medicare, etc.), then people are more and more unable to care for their old age too. It's part of the whole economic picture.

I'm sure it's a fact that this type of system will provide poor medical care. With physicians, as with anyone else, one must have an incentive to work. If we are going to be controlled and dictated to by a bureaucracy, then this control removes incentive. We can talk about altruism as much as we want, but basically we're all working for ourselves. And most anything you want to think of--if you analyze it

LICENSED TO UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

enough--you're doing it for yourself. Of course, selfishness is not a bad thing--contrary to common belief.

PERS: How would you answer the charge that money is your only motivation for practicing medicine?

Dr. H: I would say that there are two important factors as far as one's motivation to practice medicine is concerned--and they're both selfish. One is money. I've always felt that if I did the best I could for my patients, then I didn't have to worry about the money. It came. The patients came. The other thing is the satisfaction of a satisfied patient. The patient that comes and says, "Doc, I sure feel a lot better now that I've had my stomach out. I can eat everything." That's a great satisfaction.

Also, there's the charge that doctors make too much money. The vast majority of G.P.'s putting in their sixty- to seventy-hour week don't make more money than the New York electrician would if he put in that same number of hours with his double-time, time-and-a-half and so forth. The same forces that will decrease the doctor's standard of living will also decrease the standard of living of everyone else in the country. Of course, that's not what we're after.

One of the first things that I learned from the man whose practice I took over was that when I see a patient in the office, I am not treating this individual just this time. I want him for a patient from now on. When I see a patient, it is to my interest to treat this patient to the very best of my ability. Here again, selfishly speaking, I want this patient back again. I want to do a good job. These incentives will be removed by government-controlled medicine.

You probably know some examples of socialized medicine, for instance, Army medicine. And this is pure socialized medicine; the doctor is being paid to treat individuals in whom he has no real basic interest. I was in the service and I found that the vast majority of GI's don't like government medicine for several reasons. A man comes complaining with a backache to stand in the sick-call line. Whether he has a backache or not is hard to determine. He may want to get out of a long march or K.P. But he gets his dose of CC pills and some aspirin anyway. If he does have a backache, he doesn't like this doctor who sends him back to duty. If he doesn't have a backache, he doesn't like the doctor either, and it's poor medicine. Neither the G.I. nor the M.D. likes this system.

Also, under socialized medicine the G.P. in the office would have to see at least 100 people a day and practice decent medicine. You can do pretty well with 30 or 40.

If you can spend only two or three minutes per patient, you don't have time to get the individual with rectal bleeding up on a table and do a sigmoidoscopic and see whether this bleeding is coming from hemorrhoids or polyps or carcinoma. You give him, probably, a suppository and that's it.

Coughs, I'm sure, will be treated with cough medicine, whether they're tuberculosis, bronchiectasis, bronchitis or what have you.

LICENSED TO UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

One cohort of an associate of mine went to Leeds, England, for a residency in heart and chest surgery. I talked with him after he came back, and one of the things that impressed him most was the advanced pathology that he saw--when it finally got into the hospital. Remember, cancer of the breast which can be cured when it's discovered early, can, within three or four months, become a completely irreversible thing. The G.P. can't discover it until it's too late, when he has 3,000 patients that he is responsible for, as most doctors have in England.

Innumerable places it's been said, and also by Kennedy, that we are practically the only country left that doesn't have a socialized system of medicine for its citizens. And they make it sound like a very bad and sad thing that we can be the only one left. And still the Duke of Windsor comes from Paris down to Houston to have his aorta fixed.

Would you like to hear some more of the disadvantages of socialized medicine?

PERS: Yes.

DR. H: I've already talked about how the quality of medical care is not so good--so there must be some reasons for this. Probably one of the biggest reasons will be over-utilization of services. After all, it's a shame and a waste if you're paying taxes and you don't use this service. Everyone will be going to the doctor even if he has a little ache or pain that would ordinarily be taken care of by a couple of aspirin. Now he will have to go to the doctor and possibly to the hospital, even as our President has just gone to the hospital with a temperature of 101 and a headcold. He didn't have to pay for it . . . I guess it cost him a dollar or so. And after all, in this great society of ours--where every man is equal--shouldn't everyone be able to go to the hospital if they have a temperature of 101 and a bad cold?

Of course, basically, it's impossible. We have something like 700,000 hospital beds in this country. There are going to be 18,000,000 people over 65 who will be eligible for this hospitalization and I predict that at least 3,000,000 of these people are going to be immediately clamoring for these 700,000 beds. So what happens to the rest of the population when these beds are loaded up with these elderly people? And it's going to happen! It's just bound to happen! This is political medicine now.

You get one of these old-agers in the hospital and you aren't going to just discharge him because he's received the maximum benefit of hospitalization. After all, it's going to be a nice, warm bed and food brought to him, and many of these old people aren't too welcome at home. So when we try to discharge some of these people, they'll be calling the local commissar to protest. Of course, if there are a few votes in the family, then the director of the hospital will get a call saying, "You just can't discharge this nice old lady, because it isn't good politics."

PERS: It is said by those who advocate socialized medicine that under free-enterprise medicine, there is discrimination in medical care, while under socialized medicine there is equalization of care to all. Do you think that if I have more money, I can get better medical care?

LICENSED TO UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

DR. H: No. I think that you can have a lot of money and still pick a dope for a doctor. You might be able to buy yourself a fancy room in the hospital and three nurses around the clock, but your medical care can be just as bad as the next individual's. Well, let me say it less facetiously: I think that as it is now, there's good medicine, mediocre medicine, and bad medicine. Under socialized medicine it will just all be "equally" bad.

PERS: Another argument by the advocates of socialized medicine is that the medical profession--if left alone--does not or will not prevent the abuses by those few doctors who are dishonest. I wonder if you can give us some examples of the built-in mechanisms or safeguards of the system as it stands. And I'd like to know whether you think they are adequate.

DR. H: Oh, there are many. We have our Hospital Records Committees, our Tissue Committees, Medical Audit Committees, and others. I suppose how well they function depends upon the men that are on the committees. But nevertheless, they are functioning. They do work. I'll talk about the Tissue Committee. In the majority of hospitals all the tissue that comes from the operating room has to go to the pathologist. A copy of this pathology report goes on the patient's chart. Basically, the Tissue Committee compares the doctor's pre-operative diagnosis with the pathology report. To give a simple example--we'll say that there is a surgeon who takes out a lot of appendices and only 50% of them are acute. If that is true, then this particular surgeon will be called before the Tissue Committee, and there'll be some questions as to why his diagnosis is so bad. Then again, you can't send down a normal uterus to the laboratory and not be questioned by the Tissue Committee. Of course, that goes for all operations, and it is a policing thing as far as the surgeons are concerned.

PERS: If you think that socialized medicine will result in the very bad consequences that you've told us about, what kinds of alternatives would you offer to solve the problem that the impending legislation seeks to solve--the problem being that of increasing hospital costs and increasing numbers of old people who have chronic diseases which require long hospital stays?

DR. H: I don't think that there is any alternative which is better. I think that what we've got is the best system, and that these are some minor problems that are being taken too seriously. If you stop to think, I suppose a semi-private room at St. Luke's /Hospital in New York City/ runs $36 to $40 a day. What one gets for that $38 to $40 is a great deal, isn't it? Three meals a day brought to you, nourishment in between times, all the nursing care--three shifts. Hospitalization is expensive, but as far as the amount of service that is given for that amount of money, it is not expensive. Why is it expensive? Well, for the same reason that other things are expensive. You used to be able to buy a Cadillac for $4,000. Now you pay at least $6,000. Everything is expensive.

LICENSED TO UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

Mostly, people talk about the catastrophic illnesses that occur--the individual who is in the hospital for a month or two months and so forth. That happens, admittedly, but the vast majority of illnesses in the old people are not too bad. They go into the hospital and have their hernias fixed or their gall bladders out and it costs--oh, we go pretty much by the Blue Shield fees: $150 for a hernia and $225 for a gall bladder. A 7- or 8-day hospital stay will run maybe $400 or $500 and most of these old people can afford that. Also, most of them have insurance of some kind. Maybe it doesn't cover the whole business but we treat many, many old people, and I think we are paid more frequently by them than by some of the younger ones. And logically so, because you take an individual who is in his twenties--by that time he's usually married and has two or three kids. He's buying shoes and clothes and so forth and this poor guy could stand some help. Then here are the elderly individual at the other end of the scale who have had a lifetime to prepare for their old age and most of them--many of them--have, to the best of their ability. Now with this medicare thing, there is going to be loaded onto this poor guy with the three kids and the $125-a-week job, the business of paying for the hospitalization of 18,000,000 old people, the vast majority of whom can take care of themselves.

People who need help, of course, should have help. There's no doubt about that. We take care of them in the hospital all the time. We have our ward service and we operate on these people for free.

PERS: I was going to ask next what is now being done for the medically indigent. I think you've covered that in your last answer. You've said that private insurance is covering a vast majority of these people, that private charity on the part of doctors is part of it, and that people have planned for these kinds of emergencies and have savings of one sort or another. Is there anything else you want to add?

DR. H: Only about this catastrophic thing. For instance, here's an elderly couple who have, say, the house that they live in and $10,000. A catastrophic illness for them can be quite a blow. For these same people, if their house burns down, or they wrap their car around a tree, it can be just as much of an economic blow to them as hospitalization.

It is a complete impossibility to remove all the hazards of life or insure and guarantee against them, and it's going to be tough on some few people. But I can't see any justification for socializing the whole affair because of rather limited need that has been taken care of in the past.

PERS: Some socialized-medicine advocates argue that health care for all is a right. Do you think everyone has a right to necessary medical attention?

DR.H: Not any more than everyone has a right to a Cadillac and everyone has a right to a few oil wells. What they earn, they've got a right to. But I've no right to part of your salary which, if I go to the hospital as an old-ager, I'm going to get. I don't think anyone has more than the right of the pursuit of happiness. If you want

LICENSED TO UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

to give me part of your salary, OK. But I can't see any reason in the world why the government should take over my charity for me.

PERS: How would you advise those who agree with you--both within and without the medical profession--to go about fighting this legislation?

DR. H: The only way to do anything about it at all is to write letters to your congressman. People don't do it because they think, "Oh, my one little letter means nothing." But it would be amazing to most people, I'm sure, to know how seriously their letters are read and considered. We listened to one congressman talk who said that if they had had only a few letters opposing this wheat sale to Russia that it wouldn't have passed. None. Well, I won't say none but just practically none. We had talks with quite a few congressmen and the one thing that they all emphasized was that they do pay attention to letters--not the form letters where a whole batch are sent out--but you take an old piece of tablet and scribble on it with a pencil and they will consider it seriously. And I think that's the only thing that can lick it. And I don't think enough people will do it.

PERS: The AMA supports government aid to education, the Kerr-Mills Act, and has now proposed an alternative to the Administration's medicare-through-Social-Security. This seems contradictory to me, in view of the fact that the AMA also vigorously opposes socialized medicine. What is your view here?

DR. H: I think that probably the AMA is, as of this moment, grasping at any straw--trying to get, well, as good a bill as they think they can get. But I think it's too late, and I think they're out of luck. I'm sure that with the administration we have now, if this AMA bill was 1000% better, they'd never pass it just because it came from the AMA.

PERS: You think then that the AMA put a bill up only because they think it's impossible to defeat a bill altogether?

DR. H: Yes.

PERS: Do you think it's impossible to defeat the bill?

DR. H: Yes.

PERS: Do you think it's impossible to defeat socialized medicine in the United States?

DR. H: Yes.

The only way to keep from it would be if somehow or other, one could get enough people in this country excited enough to write a couple of million letters to

LICENSED TO UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

the congressmen to say they don't want it. But I don't think that's going to be done. It's because, as of this moment, we are all living high on the hog. Everyone has enough to eat; they have cars and they're prosperous. But I can't possibly see how it's going to continue. It is just a physical impossibility to lift oneself by one's bootstraps. There has got to come a reckoning someday, and I can't help but think that it isn't too far off. I'm very pessimistic about the whole thing.

PERS: You have not stopped fighting the situation entirely, even though you think the fight is in vain, or you wouldn't be talking with us tonight. Are you personally planning to do anything else? I'm thinking in terms of another strike or what have you.

DR. H: I've thought about it, but as far as I'm concerned I can't finance it. Possibly, we might be able to work up enough enthusiasm, among people who have some money, to do it. But I have no real plan for it as of the moment. I'm not sure that I even want to try to save people from themselves. They deserve what they'll get under socialized medicine.

As far as I'm concerned as an individual, of course, I won't practice under socialized medicine. I'll quit. I'll refuse to see all patients. Maybe they'll put me in jail. After all, when this thing first started, there was a bill introduced into the New Jersey legislature which said if we refused to care for a patient, our licenses could be taken away from us and we could be put in jail. [On May 7, 1962, Assemblyman John J. Kijewski (D) introduced a bill to the New Jersey legislature to penalize any physician who refused to treat patients because of the method of payment involved. The bill would revoke licenses, fine and/or jail offenders.] It would be a police state. No reason in the world why it can't happen. I think it's a horrible situation.

--Judith Kroeger, R.N.

R E V I E W S

THE TAX COLLECTOR'S NEW CLOTHES

The Law and the Profits, by Professor C. Northcote Parkinson, Houghton Mifflin Co., Boston, 1960.

Is there anyone who hasn't heard of Parkinson's Law? Some eight or nine years ago, Professor C. Northcote Parkinson delighted a wide variety of readers by identifying the simple principle "Work expands to fill the time available," and its corollary in administration "Administrators multiply at a predetermined annual rate, regardless of the amount of work turned out." The book being reviewed here is by the same Professor Parkinson, but the Law referred to in the title is Parkinson's Second Law. Like the first, it is deceptively simple. Expenditure, says Parkinson,

LICENSED TO UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

rises to meet (and even exceed) income. Government expenditure rises to meet and exceed public revenue.

With this as a starting premise, the book is an argument against present taxation policies on two main counts. (1) If the amount of money supposedly required sets the annual government budget (as in modern Western countries it does), the budget will continue to increase disastrously. (2) In accordance with Parkinson's First Law, what is being bought with the money is not even increased services but increased waste, in the form of a growing army of officials and government employees engaged in making work for each other.

To support these positions, Professor Parkinson gives us glimpses of a surprising amount of history, from the taxation laws of ancient Egypt to the collapse of the British Empire. How many Americans know, for instance, that it was Cordell Hull who masterminded the ratification of the Income Tax Amendment which became law in 1913, but that it was Representative John Nance Garner of Texas who gained acceptance for the idea of a graduated income tax? How many students of current events recall that in his first budget in 1909, the British Prime Minister Lloyd George ushered in the concept that the government should defend the people not only against foreign aggression but against social problems, with these words: "This is a war budget. It is for raising money to wage implacable warfare against poverty and squalidness."?

One problem, states Professor Parkinson, is that revenue has always been tied to war. Taxes rise in wartime, but the expenditure which rises to meet them does not drop to a pre-war level in time of peace. When Lloyd George changed the whole concept of the government's function in 1909 (which Parkinson considers the turning point for the English-speaking world), the result was that taxes kept rising even more steeply. It is bad enough to have to finance wars from time to time, but actual war at least is interspersed with periods of peace. Social services, on the other hand, never stop or lessen.

It should be obvious by now that Parkinson holds that principles of private finance should apply to governments. If we don't set our own budgets on the principle of what we would like to have, he argues, why should we set the government's that way? This seemed such a self-evident argument to me that I had to ask an expert on economics what the argument was against applying principles of private finance to government budgeting. I was told that the main argument is, in essence, that the government has unlimited resources, and therefore cannot ever go bankrupt.

But Parkinson's main point is precisely that it can. "Taxes tend to increase, therefore," he states, "according to the law which governs their growth, becoming heavier until the point is reached at which society collapses under their weight." He makes it clear that there are those who disagree with him, and think that Great Britain, for instance, can be taxed without limit, but he attempts, through analyzing both historical examples and the current scene, to establish the following sequence.

LICENSED TO UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

There are successive effects of successive levels of taxation: one level at which the people will grumble, but pay; a next spectrum at which a great deal of effort and ingenuity is turned away from production to tax avoidance (resulting in progressively less return); a third level at which serious inflation results; a fourth at which influence in world affairs declines sharply, a "visible decline in freedom and stability"; and a final point of total disaster. And he establishes these points at, respectively, 10%, 10-20%, 25%, 30%, 35%, and 36% of the national product. The ultimate limit of taxation is, he says, revolution.

Professor Parkinson sees England in particular as in grave danger of nearing collapse, with the United States not out of danger. The first task of government, he argues, should be to set the limit of what taxes can safely be taken from the people, and to operate within the budget thus decided upon. He urges 20% of the national product, with no individual income taxes higher than 25%, as the highest safe limit except in national emergency--by which he means war. He is totally opposed to all graduated income taxes and to all forms of death duties and inheritance taxes. He considers the former as a penalty on ability and the latter as an attack on private property motivated primarily by the desire to destroy.

Chapters 8 through 11 of this book concern themselves primarily with the question of waste, which at times seems almost peripheral to the central thesis of the book. Although he is willing to cede "humanitarian" motives to those who think the government should provide services such as old-age pensions and universal medical care, it is obvious that such services are not in his opinion essential to government. He makes a point that they could be better provided if they operated within financial restrictions, and if government officials were not promoted to positions of more power the more money they spent; but his heart is with Jefferson, whom he quotes as saying, "If we can prevent the Government from wasting the labor of the people, under the pretense of caring for them, they will be happy."

A main target is defense spending: "In 1958 the Pentagon is supposed to have written off $7.5 billion in surplus equipment. The Navy expenses include $68 million for aircraft engines--not wanted; $78 million for the Regulus A.A. Missile--abandoned; and $200 million for an experiment with seaplanes--which failed. Not to be outdone, the Air Force puts in items like these: $60 million in spare parts for the F.100 Fighter--unwanted; $70 million for the Goose Missile--given up; $374 million for the air-to-air Rascal--abandoned; and $750 million for the Navaho guided missile--scrapped. Would it not have paid to do the thinking first and spend the money afterwards? Other examples of waste are given in the areas of research ("Nowadays, when one country lags scientifically behind another equally prosperous country the most probable reason is that the government has been telling its scientists what they are to discover.") education ("Juvenile misbehavior is largely the result of wasting the time of those who ought to be at work."); government publications ("many civil servants began their adult lives with dreams of authorship"); the place of "no-men" in the official hierarchy ("His automatic negative does not arise from any rational opposition to your

LICENSED TO UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

scheme as such. He says 'No' because he never says anything else. Should he say 'Yes' he might be asked to explain the reason for his enthusiasm."); American foreign aid ("The basic assumptions are that people who have been given economic aid will be more prosperous and less likely therefore to turn communist, and that their gratitude will incline them toward friendship with the United States. Many Americans have a rather pathetic desire to be liked and it finds expression in such a policy as this.") and, of course, the American Farm Support Program ("a nightmare reminiscent of the sorcerer's apprentice").

One of the outstanding virtues of Professor Parkinson's mind is that it is truly original. Both of his laws are undoubtedly so, "manifest as soon as stated," as he puts it. In his elaboration of their application to the problems of government, he is in turn eloquent and funny, and has produced a book which was deservedly widely read. It is a book with which it seems almost impossible to disagree.

But Professor Parkinson achieves this feat by sitting as firmly as he can on the lid of a Pandora's box which he is loathe to open, but which must eventually be opened if the subject of taxation is to be fully discussed. The Pandora's box consists of these questions--what are the functions of government? Can it enter any area it chooses? What is taxation?

Too often, instead, the question which Professor Parkinson is attempting to solve appears to be--how much injustice is practical? Why does he, having spent most of his book equating it with protection money or blackmail, finally state on page 218 ". . . the embittered taxpayer begins to regard taxation as theft. That is where he is tempted to go wrong, for taxation as such is vital to civilization." In the following paragraph, Parkinson gives an interesting summary of why he claims this--"That the citizen should contribute toward the common defense, toward the dignity of the state, toward the maintenance of justice and order is not seriously open to dispute." But to say that the state provides services, such as defense, which should be paid for, is to beg the whole question of taxation. The question is--if the state is justified, as Parkinson says it is, in taxing up to 50% of production in time of national emergency, what becomes of his attack on over-taxation as a destruction of property rights?

On the one hand he considers highly significant a remark of the Leader of the Opposition in 1959. What Mr. Gaitskell said was: "The Budget involved giving away not far short of £400 million. Any Chancellor who could give this away could be described as lucky." To which Mr. Parkinson rejoins, "The words 'give away' reveal, unconsciously, an attitude of mind. By communist teaching, the whole wealth of the country belongs to the government, which gives away a proportion of it to the more deserving of its subjects. The whole idea of private property is a thing of the past, the state owns all." (Italics his.)

LICENSED TO UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED

But what philosophy does he oppose to this? "The unanswerable argument for property is aesthetic," states Professor Parkinson elsewhere in the book. "There is in many or most people an innate longing for beauty and order." But if he is speaking of aesthetics, he is speaking of personal preferences, not justice.

Suppose you have a civilization made up almost entirely of young hoodlums; not inconceivable according to Parkinson's view, as he views delinquents as ". . . the first products of the Welfare State. Theirs is not a background of illiteracy, unemployment, sweated labor and want. They are children who, by comparison with earlier generations, have been given everything except a purpose in life." Well, when they get to be the majority of the population, will most people still have "an innate longing for beauty and order"? If not, there goes the argument for private property, and there goes, as we say, the ball game.

It may seem carping to wish that a man with such obvious brilliance, whose style is such a model of rhetoric, had written a different book. And yet The Law and the Profits does exemplify some of the pitfalls of rhetorical pyrotechnics, much as we may love them. There is nothing of the pedant about C. Northcote Parkinson--he aims at a nonscholarly audience and hits it. His book can be read almost entirely on the level of humor and compared favorably with Jean Kerr or P.G. Wodehouse. But the very wit of his approach undercuts the seriousness with which the intelligent reader takes his research. Was there in fact a Professor P.G. Wodehouse who read a paper before the Royal Academy in 1929? And if not, then was there a Miss Vivien Kellems who wrote a study of taxation in 1952? The more one reads Professor Parkinson, the more one notices that he is in fact accurate, scholarly and (beneath the light-heartedness of his style) impassioned. But the clown's mask sometimes obscures the reality of his tears.

Professor Parkinson has written an eminently quotable book, and has gathered together many excellent examples that illustrate the points he wishes to make. However, in spite of his wide audience, he can't start a moral crusade against the forces that he sees destroying us without adopting a moral point of view.

--Joan Kennedy Taylor

LICENSED TO UNZ.ORG
ELECTRONIC REPRODUCTION PROHIBITED